



Massachusetts Board of Registration in Nursing

Board News...

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The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

Board Members

Diane Hanley, RN
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Janet Sweeny Rico,
RN/NP

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Donna Lampman, RN
Maura Flynn, LPN, RN
Paulette Remijan,
RN/NP
Mary Jean Roy, RN
David Seaver, R.Ph, JD
Philip Waithe, RN
Anne Zabriskie, RN

What's New...

Publication: Appearing in the April 2007 edition of the Journal of PeriAnesthesia Nursing is an article on how collaboration between the practice arena, a professional association and the Board produces a positive outcome. It details the work of Beverly Caswell, RN, Resource Nurse of the Perioperative Services for Southcoast Hospital Groups, the American Society of PeriAnesthesia Nurse and the Massachusetts Board regarding a nursing scope of practice question related to whether or not a PACU nurse could assist the anesthesiologist with performing a peripheral neuroaxial block. Assisting was described by Ms. Caswell as adjusting the nerve stimulator under direct physician supervision, and then aspirating the catheter for the physician to visually inspect the aspirate. The Board determined that this activity is in compliance with its regulations, among them is 244 CMR 3.02: Responsibilities and Functions-Registered Nurse, and associated Advisory Rulings on Nursing Practice. For additional information please go to; www.jopan.org.

Interagency Task Force Convened: At their June 13, 2007 meeting, the Board authorized the convening of an interagency Task Force to study best practices in the management of unwitnessed arrest in long-term care facilities. The task force is composed of representatives of the Board, the Massachusetts Bureau of Health Care Quality and Control, the Massachusetts Office of Emergency Medical Services, the Massachusetts Extended Care Federation, the long-term care medical and nursing directors associations, and a nurse ethicist to: 1) address areas of consensus as well as barriers, best practices, and individual and systems accountability for the management of unwitnessed arrests in long-term care facilities; and 2) recommend an evidence-based advisory ruling to guide the practice of RNs and LPNs in the management of unwitnessed arrests in long-term care facilities. The Task Force will report its findings and recommendations to the Board by no later than October 2007.

Medical Spa Task Force: Pursuant to Chapter 81 of the Acts of 2006, the Massachusetts Board of Registration in Medicine (BORIM) convened a task force to study medical spas and to draft and propose standards and regulations governing their operations. Membership includes: Massachusetts Board of Registration in Nursing, Massachusetts Board of Registration in Electrology, Massachusetts Board of Registration in Cosmetology, Senator Joan Menard, Representative Peter Koutoujian, Faye Jenkins, RN, Jeffrey Dover, MD, Dianne Quibell, MD, Karen McKoy, MD, Jagruti Patel, MD and Winifred Nee Tobin. The goal of the task force is to prepare a report, including recommendations to the legislature in the Fall. For additional information please visit: www.massmedboard.org.

From the Board Chair

Diane Hanley, MS, RN - Chair, Board of Registration in Nursing

Often nurses are surprised to learn that members of the Board have a "day

job". All current Board members work in healthcare, some in more than one setting. Maura Flynn is an OSHA safety consultant for Stericycle as well as a certified dermatology nurse in a private practice, Phil Waithe is a clinical educator at the Massachusetts General Hospital, David Seaver a pharmacist who works at the Brigham & Women's Hospital. Our nurse educators, Anne Zabriskie is at Northern Essex Community College, Jean Roy is from Brockton Hospital School of Nursing, Donna Lampman is at Northshore Community College, while Paulette Remijan and Janet Rico are educators at Anna Maria College and Simmons College respectively and practicing nurse practitioners. I too, work in a clinical leadership role, at the Boston Children's Hospital.

Any licensed nurse in the Commonwealth who is interested in serving on the Board should visit; www.mass.gov/dph/boards > Board Member Appointments. Current open seats on the Board include an Advanced Practice Registered Nurse, a Nurse Administrator, 3 LPN positions, a physician and 2 consumer members. In considering an appointment to the Board, please note that the Board is:

- A governmental body that protects the public by regulating nursing education and practice;
- Responsible for adopting regulations which establish minimum legal standards for safe practice and interpret or explain statutes;
- The authority defining scope of practice for all nurses licensed by the Board, including LPNs, RNs and APRNs;
- Responsible for enforcing the laws, regulations, advisory rulings on nursing practice that regulate the practice of nursing;

If you are interested in learning more about the Board's functions please visit the website at www.mass.gov/dph/boards/rn > About the Board, or join us for Board meetings, which are held the second Wednesday of the month. Be sure to check the agenda (on-line) to verify the starting time.

From the Board Executive Director

Rula Harb, MS, RN - Executive Director, Board of Registration in Nursing

The public values an educated, experienced workforce that can use current knowledge as a basis for providing safe and effective care, and improving practice. A contemporary skill set is not only valued by the patients we care for, but by our employers and our colleagues, not to mention the personal satisfaction that comes with broadening our practice horizons.

The Licensed Practical Nurse, Registered Nurse, and Advanced Practice Registered Nurse are all required to obtain 15 hours of continuing education within the two years immediately preceding renewal of licensure; however life-long learning is much more than that. Lifelong learning contributes to the effectiveness of nursing care and to positive patient outcomes, as well as the advancement of the profession.

Life-long learning is not achieved through enrolling in those continuing education classes which are convenient. Rather it is initiated through a process of self-assessment in which the nurse identifies his/her current area of expertise and those developments in nursing knowledge which may affect their practice. The nurse then identifies resources and activities which will assist themselves in meeting his/her educational needs. Access to learning opportunities can occur through a range of settings and on topics relevant to the current challenges as well as the evolving trends in health care. Some of these topics include evidence-based practice, multigenerational/diverse workforce issues, culture of safety; and mentoring/precepting novice nurses. Acquiring new knowledge in these areas will enhance both the individual nurse's

practice as well as that of the profession.

From the Deputy Executive Director

R. Gino Chisari, MSN, RN

Massachusetts General Laws Chapter 13, section 13, authorizes the Board to protect the health, safety and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. The Board's public protection mandate is carried out in a variety of ways including the enforcement of the laws and regulations governing nursing practice. One means by which the Board accomplishes this is through its evaluation of and action on complaints filed with the Board regarding an individual nurse's practice. Nursing practice complaints are submitted to the Board by employers and other regulatory agencies such as the Division of Health Care Quality and the Drug Control Program, and less frequently by patients, their families and other concerned individuals.

The Board's duty as well as its goal in investigating and evaluating complaints is to protect the public. Once a complaint has been filed against a nurse's license, the licensee will be asked to provide a written account of the events or situation that resulted in the complaint. It is the licensee's opportunity to tell the Board what to consider when the Board evaluates the evidence.

If possible the licensee's written account should be type-written using 12-point font, double spaced, dated and signed by the licensee. It should include at a minimum the following components:

- Name, license type and number;
- Any other licenses held including out-of-state licenses and all license numbers;
- The name of the nursing program and year successfully completed. In your response to the investigator be sure to tell the Board of any other education or academic achievements you earned since being issued your license;
- How long you have been employed at your current employer. If different than where the complaint originated then how long you were there and the reason(s) for your separation. Be sure to describe your role such as direct care, supervisors, etc;
- Describe the event in great detail. Through the account paint a picture of the event. Be sure to include the patient's age, diagnosis, exactly what happened, if there was harm or not. Of course being careful not to disclose any unnecessary confidential patient information;
- Provide the Board with information about your place of employment, specific to the time of day the event occurred, the shift, the staffing, the resources available to you, such as a supervisor on or off site, accessibility of the medical staff to you, etc.;
- As best as you can recall, describe any conversations you had and with whom you had them, including when calls were placed and returned. Be specific about any follow up assessments, interventions or evaluations that occurred as a result of your conversation or collaboration with others;
- As much as you can, be very specific with recounting any and all assessments you made, action you took to minimize harm, reports you filed and to whom and when;
- Add information about individual remediation including participation in a root cause analysis;
- Add any other pertinent information that you think the Board needs to be aware of;

- Remember to date and sign your statement; and
- If you need additional time in preparing your response, be sure to ask for it.

Remembering to address all these points in your written statement allow the Board to have all the relevant information related to the allegations in the complaint.

From the SARP Coordinator

Douglas McLellan, RN, M.Ed - SARP Coordinator

Valerie Iyawo, RN, BSN, MBA - SARP Coordinator

Tim McCarthy, LMHC - MPRS/SARP Coordinator

The admissions process for the Substance Abuse and Rehabilitation Program (SARP) is designed to allow quick admission to the SARP for nurses with a substance abuse problem who are found to be appropriate for the program. Nurses requesting admission to the SARP should contact Tim McCarthy, the SARP Admissions Coordinator at: 617-973-0910.

A nurse contacting SARP for admission will be sent an admission information packet. This information packet will contain a SARP handbook and a letter explaining the SARP Program. Nurses interested in continuing with the SARP admission process are required to sign and return this letter to the SARP Admissions Coordinator. In signing this letter the nurse agrees to voluntarily cease from all nursing practice until the SARP can determine if the nurse is appropriate for the SARP and whether he/she is safe to return to nursing practice.

Applicants who wish to proceed with admission to the SARP are referred to a SARP-approved assessor for an admission assessment. Each applicant will also complete a self-assessment inventory. Nurses are encouraged to initiate a recovery program if they do not yet have one during their admission process. The SARP Admissions Coordinator can assist nurses who are early in their recovery and have not yet initiated treatment. SARP applicants are encouraged to join a SARP-approved Nurses Peer Support group as soon as possible. Nurses already in treatment may be asked to submit documentation supporting their recovery program.

Once all assessment material is received, a determination is made by the SARP SARP Coordinators as to whether the SARP applicant is appropriate for SARP and, if so, how to best proceed with the admission. Nurses continuing with the SARP admission process are directed to register with the lab that performs SARP's toxicology screening.

SARP applicants who can demonstrate an ongoing recovery program may be offered, at this point, a SARP treatment contract which would allow them to enter SARP within a matter of weeks. Other nurses would be scheduled to meet with one of SARP's Substance Abuse, Rehabilitation and Evaluation Committees (SAREC) for an admission interview. The SAREC committees meet monthly in Boston, Plymouth and Holyoke.

In the final phase of the admissions process, all nurses attend a SARP Orientation where they are given an overview of the SARP program, more specific information about the non-negotiable contract and sign a Contingent Voluntary Surrender Agreement, and have a chance to ask questions. It is at this Orientation where SARP nurses sign their SARP treatment contracts. Once the Executive Director of the Nursing Board or her designee countersigns the SARP nurse's contract the nurse is officially admitted to the SARP.

From NCSBN

The National Council of State Boards of Nursing (NCSBN) Center for Regulatory Excellence Grant Program recently awarded grants totaling almost \$2.4 million to eight U.S. organizations and one international organization.

The Center for Regulatory Excellence Grant Program funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. The Center's research priorities include continuing competence, patient safety, licensure, discipline, regulation of nursing education, integration of the internationally educated nurse into the U.S. workforce and nursing regulation issues outside the U.S. Projects selected in this funding cycle focused on these priorities and had sound scientific merit.

Grants were awarded to the following institutions, organizations and programs:

- Northwestern University for "*NP CAPS Study: Nurse Practitioner Certification and Practice Setting Study.*"
- Rush University Medical Center for "*Effect of Mindfulness Training on Reduction of Nurse Errors in Simulated Clinical Scenarios.*"
- Indiana University for "*Teaching Patient Safety and Clinical Judgment Using Multiple-Patient Simulation Experiences.*"
- Missouri Center for Patient Safety for "*Establishing a statewide 'Just Culture' for patient safety between healthcare providers and regulators.*"
- North Dakota Board of Nursing for a "*Nurse Faculty Intern Pilot Study.*"
- Research Foundation of CUNY and Queens College of CUNY for "*The Role of Nurses' Education in Shaping Patient Outcomes.*"
- Vermont Nurse Internship Project for the "*Vermont Nurse Internship Project Research Plan.*"
- The International Council of Nurses Foundation (ICNF) and International Council of Nurses (ICN) for "*The Role and Identity of the Regulator: an International Comparative Study.*"
- National Organization of Nurse Practitioner Faculties (NONPF) for "*Clarification of Nurse Practitioner Specialty and Subspecialty Clinical Track Titles, Hours, and Credentialing.*"

NCSBN believes that the knowledge gained from these evidence-based research studies will aid boards of nursing in setting regulatory standards that will continue to safeguard the public welfare in the 21st century. For additional information on the grant program please go to, www.ncsbn.org.

Question of the Month

Q: As a school nurse I'm often asked if I can delegate the use of a vagal nerve stimulator to the general school staff to use when a student begins to have a seizure. Can I make this delegation?

A: No. The Board has determined that the delegation of the vagal nerve stimulator is not an activity that fits with the regulatory criteria on supervision and delegation as stated in the Boards regulations at 244 CMR 3.05 (www.mass.gov/dph/boards/rn > Statutes, Rules and Regulations > Rules and Regulations-244 CMR > 3.00).

In general the criterion dictates that only those activities which do not require nursing assessment and judgment during implementation may be delegated. In determining their response to this question, the Board considered not just the task of swiping the magnet but also the overall safety concerns of the child having a seizure. It is the Board's position that a seizure is one of those events that require a professional assessment and follow-ups as necessary, the two

main determinants for deciding if an activity can be delegated by a nurse to an unlicensed person. As with all technologies, the Board remains committed to reevaluating its positions in order to remain current with the accepted standards of practice.

Important Information

- Next newsletter is October 2007.
- January 1, 2008 begins the RN license renewal cycle. Be sure that the Board has your current mailing address, and that you have earned 15 contact hours of continuing education within the past 2 years of your renewal cycle.
- All nurses are reminded that you are held individually accountable to practice in compliance with the Standards of Conduct, available at; <http://www.mass.gov/Eeohhs2/docs/dph/regs/244cmr009.pdf> .
- The Board meeting schedule for the next fiscal year (7/1/07-6/30/08) is:
 - July 11, 2007
 - September 12, 2007
 - October 10, 2007
 - November 14, 2007
 - December 12, 2007
 - January 9, 2008
 - February 13, 2008
 - March 12, 2008
 - April 9, 2008
 - May 14, 2008
 - June 11, 2008